




2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 10 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 342015 1. Entity Name KAR PRINTING, INC.			
Principal Place of Business 7990 SECOND FLAGS DRIVE AUSTELL, GA 30168		Mailing Address 7990 SECOND FLAGS DRIVE AUSTELL, GA 30168	
2. Principal Place of Business - No P.O. Box if		3. Mailing Address	
Subd. Apt # etc		Subd. Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1288858		Applicable For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Checked <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, SCOTT 13990 NW 60TH AVE MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4526 Post Avenue City Miami Beach FL 33140	
8. The above certified entity submits this statement for the purpose of changing its registered office or registered agent or both. In the State of Florida, I am familiar with and accept the obligations of registered agents.			
SIGNATURE 		Date Jan 10, 2008	
FILE NUMBER FEE IS \$800.00		DATE	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCLOSKEY, THOMAS 13990 NW 60 AVE MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, S McCloskey, Thomas 7990 Second Flags Drive Austell, GA 30168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPS LEVY, SIDNEY 13990 NW 60TH AVE MIAMI LAKES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY, SCOTT 13990 NW 60 AVE MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Levy, Scott 4526 Post Avenue Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my knowledge shall have the same legal effect as if made under oath. That I am a resident of Florida at the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or in an attachment with an address change.			
SIGNATURE: 		Date Jan 10, 2008	

REINSTATEMENT

2007-08

Florida Department of State
Division of Corporations
Public Access System

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KAR PRINTING, INC.

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